

Concerns leading to probationary status:

Failure to write notes on patients on a daily basis. When asked about this, you stated you felt to write a note after an attending had already written one, did not make sense to you.

I will reiterate, that I expect you to write a note on all patients on your service on a daily basis. These notes should be finished between six and six forty five a.m. If you wish to go directly to Shriner's on Tuesday and you have only one or two patients in the hospital, you may arrange with your attending to see the patient after conference, or you may ask one of your fellow residents, such as the person on call Mon. evening to see the patient before that resident leaves for Shriner's conference. Patients your attendings are following on other services, or who have been transferred to Health South, or the Select Hospital should be seen frequently as needed, but do not need to be seen on a daily basis.

The note you write should document your visit with the patient highlighting pertinent facts, physical and laboratory findings and a plan for care. Writing notes will help avoid problems such as those outlined in Dr. Williams letter.

Of particular concern to me was your failure to locate an Article by Robert Szabo M.D. I suggested you find and read on median nerve excursion at the wrist. I suggested this early in the rotation but at the end of March you still had not been able to find it.

When you called me Wednesday, March 26, regarding a patient who had fallen after jumping a fence and sustained a contaminated laceration when his leg struck a metal beam which was lying on the ground, I thought I clearly stated the wound should be thoroughly irrigated and loosely closed if sutured at all. When we discussed this patient the next day, you informed me you had closed the wound in layers. When we discussed this patient yesterday, April 2, you mentioned that the noise level in the ER was such that you could not hear me as well as being influenced by the ER physicians who advised you to take the patient to the OR for treatment. You mentioned none of those issues to me the following Thursday morning after the patient had been admitted to hospital, rather you offered to remove the staples. Regardless of the misunderstanding, as a PGY-2 resident you should have the clinical experience and knowledge to not close a contaminated wound.

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